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Morris E. Cohen Suite 217 1122 Coney Island Avenue Brooklyn, NY 11230-2345 Paper No.

Application No.:	09/955,464	Date Mailed:	09/09/2009
First Named Inventor:	Cohen, Morris, E.	Examiner:	AKINTOLA, OLABODE
Attorney Docket No.:	4018.016	Art Unit:	3691
Confirmation No.:	7728	Filing Date:	09/18/2001

Please find attached an Office communication concerning this application or proceeding.

NOTICE REQUIRING EXCESS CLAIMS FEES		Application No.		Applicant(s)				
		09/955,464		COHEN, MORRIS E. Art Unit				
		09/933,404						
				1600				
in 37 C three multip	cess claim(s) filed on 02 July, 2009 is not accommended to the cess claim (s) filed on 02 July, 2009 is not accommended (§ 1.16(h)-(j) or 1.492(d)-(f). Excess claims fee (§ 1.16(h)), each claim (whether dependent or it dependent claims are considered for fee calculated dependent claim (§ 1.16(j)).	s are required for independent) in ex	each claim in inc acess of twenty (1	lependent form in the state of	n excess of c) indicates how			
Since the application is not under a final rejection, applicant is given a time period of <b>ONE</b> (1) <b>MONTH or THIRTY</b> (30) <b>DAYS</b> from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$\$659.00, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.								
<b>1</b>	The funds in Deposit Account No. 50-1604 are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.							
☐ 2.	2. The Credit Card payment to cover the entire fee due to Account (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.							
□ 3.	3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.							
☐ 4.	4. The fee submitted in this application is insufficient. A balance of \$\\$ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).							
<b>⊠</b> 5.	Other.							
Explanation ( <i>Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due</i> ): A extension of time for three months in the amount of \$555.00 and \$104.00 is needed for excess of claims.								
1.16, 1. <b>WITH</b>	MOUNT OF THE FEE(S) DUE IS SUBJECT TO CH 21 & 1.492). THE <b>AMOUNT OF THE FEE(S) DUI THE APPROPRIATE FEE(S) IS RECEIVED BY</b> BJECT TO CHANGE, IT IS RECOMMENDED THA	E IS DETERMINE THE OFFICE (37	ED AS OF THE D CFR 1.8 & 1.10).	ATE A COMPLE BECAUSE THE	ETE REPLY AMOUNT DUE			

AVAILABLE ON THE USPTO'S WEBSITE AT: http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm

Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Technical Support Staff (TSS): /DESHONNE T. Phone Number: (571)272-0538 MARTINO/

Note to TSS: Please do NOT use this notice if the application is under a final rejection.